

BOTULISM MONITORING LOG

Consumer under symptom watch: _____ DOB _____

Telephone: _____ Village: _____ CHAP/PHN: _____

Last date of consumption _____

Day	1	2	3	4	5	6	7	8	9	10
Date										
Time										
Abdominal pain										
Vomiting										
Nausea										
Diarrhea										
Constipation										
Urinary retention										
Blurred vision										
Double vision										
Dilated/unreactive pupils										
Drooping eyelids										
Dry mouth										
Slurred speech										
Hoarseness										
Difficulty swallowing										
Trouble breathing										
Trouble walking										
Dizziness										
Feels tired										
Numbness & tingling										
Other										